

Camp Lewis Registration Form

(To be Completed By Parents)

Camper Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Campers Age: _____

Birth Date: _____

Home Phone: _____

Work Phone: _____

Signed: _____

(Parent or Guardian)

Please Mail \$45.00 per person.
For any questions Phone 1-800-457-5678.

Please Detach this section of the brochure
and mail the completed registration form to:

Camp Lewis
4493 Willard West Rd.
Willard, OH 44890

